



Delmarva Archive
Record Storage and Management
 901 West Isabella Street
 Salisbury, Maryland 21801

Office: 410-219-114
 Fax: 410-219-1152

Retrieval Request Form

*****PLEASE PRINT CLEARLY*****

Date: _____ Account #: _____

Account Name: _____ Dept.: _____

Authorized by: _____

Retrieval Request: *Mail / DA Deliver* (circle one) *RUSH (circle if applic.)

Additional Charges Apply / Verbal Confirmation Required

DELMARVA ARCHIVE BOX #	BOX DESCRIPTION

Summary:

of Files Requested _____ **# of Boxes Requested** _____

 Authorized Representative Signature

ORDERS RECEIVED BY 5:00 PM WILL BE DELIVERED BY 5:00 PM THE NEXT BUSINESS DAY. RUCH ORDERS MUST BE CALLED INTO THE OFFICE.